

TOTAL LOSS CLAIM SETTLEMENT REPORT

FORM IS NOT VALID UNLESS FULLY COMPLETED

When an insurance company settles a total loss claim on a vehicle, they must notify the Department of Licensing within 15 days of settlement, by submitting this completed report to: Insurance Destroyed Desk; Department of Licensing; PO BOX 9038; Olympia WA 98507-9038. (RCW 46.12.070)

Please Type	e or Print Clearly					
REGISTERE	D OWNER NAME	LEGAL OWNER NAME (Enter "SAME" unless different from Registered Owner)				
ADDRESS			ADDRESS			
CITY		STATE ZIP CODE	CITY		STATE	ZIP CODE
MOD. YR.	MAKE SERIES/BODY TYPE	VEHICLE IDENTIFICATION	N NUMBER	P	PLATE NUMBER	STATE
STATUS	: RETAINED BY OWNE	R RETAINED	BY INSURA	NCE COMPAN	Y SOLD	·
 following criteria: passenger car, light-duty truck with a gross weight of 12,000 pounds or less, or a sport utility vehicle; and is at least six years old but not more than twenty years old, and meets the current market value threshold □ YES □ NO IMPORTANT: The department will brand the vehicle record (WA REBUILT), if you fail to mark the YES or NO box, indicating whether the vehicle meets the market value threshold. 						
NAME OF IN	SURANCE COMPANY YOU ARE REPORT	ING FOR				
REPORTED	BY (INSURANCE COMPANY OR BROKER	PHONE NUMBER				
ADDRESS		CITY	ST	TATE ZIP CODE	FILE OR CLAIM NU	MBER
PRINTED NA	ME OF INSURANCE COMPANY REPRES	ENTATIVE		DATE OF LOSS	SETTLEMENT DATE	TODAY'S DATE

Per Washington State RCW 46.12.070, Insurance Companies are now required to state whether a vehicle meets the current market value threshold, when reporting vehicles that are wrecked, destroyed or damaged. Please refer to http://www.dol.wa.gov/vs/tr-salvage.htm or call (360) 902-3673 for the current market value threshold. (RCW 46.12.005)

